

CRITERIA FOR PRIOR AUTHORIZATION

Use of Multiple Concurrent Tricyclic Antidepressants (TCAs)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drugs require prior authorization:

- Amitriptyline HCl
- Amoxapine
- Clomipramine HCl (Anafranil®)
- Desipramine HCl (Norpramin®)
- Doxepin HCl
- Imipramine HCl (Tofranil®)
- Imipramine Pamoate (Tofranil® PM)
- Nortriptyline HCl (Pamelor®)
- Protriptyline HCl (Vivactil®)
- Trimipramine Maleate (Surmontil®)

CRITERIA FOR PATIENTS RECEIVING MULTIPLE TRICYCLIC ANTIDEPRESSANTS CONCURRENTLY:

- Two or more different TCAs used concurrently for greater than 60 days will require prior authorization:
 - Peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval

LENGTH OF APPROVAL: 12 Months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

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